HARTFORD CARE CENTER 1202 EAST SUMNER STREET

HARTFORD 53027 Phone: (262) 673-2220		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/02):	90	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	107	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	82	Average Daily Census:	82

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)				
Home Health Care	No	Primary Diagnosis	 %	Age Groups		Less Than 1 Year	42.7
Supp. Home Care-Personal Care	No					1 - 4 Years	32.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.3	More Than 4 Years	24.4
Day Services	No	Mental Illness (Org./Psy)	34.1	65 - 74	4.9		
Respite Care	No	Mental Illness (Other)	15.9	75 - 84	43.9		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.6	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	15.9	95 & Over	7.3	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.4			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	6.1		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	1.2	65 & Over	92.7		
Transportation	No	Cerebrovascular	6.1			RNs	9.4
Referral Service	No	Diabetes	2.4	Sex	ଚ	LPNs	15.5
Other Services	No	Respiratory	6.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	9.8	Male	30.5	Aides, & Orderlies	42.5
Mentally Ill	No	I		Female	69.5		
Provide Day Programming for		T.	100.0				
Developmentally Disabled	No	İ		İ	100.0		
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## Method of Reimbursement

		edicare			edicaid		(	Other			Private Pay			amily Care		1	Managed Care			
Level of Care	No.	00	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	285	53	93.0	118	0	0.0	0	13	92.9	140	0	0.0	0	3	100.0	350	77	93.9
Intermediate				4	7.0	98	0	0.0	0	1	7.1	130	0	0.0	0	0	0.0	0	5	6.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		57	100.0		0	0.0		14	100.0		0	0.0		3	100.0		82	100.0

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02 Admissions, Discharges, and | ------Deaths During Reporting Period Admissions for % Needing Total Pe

Percent Admissions from:		Activities of	f	ે	Ass	istance of	% Totally	Number of
Private Home/No Home Health	6.8   Da	aily Living (A	ADL) Ind	ependent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.6	Bathing		2.4		43.9	53.7	82
Other Nursing Homes	3.4	Dressing		7.3		56.1	36.6	82
Acute Care Hospitals	82.9	Transferring		18.3		53.7	28.0	82
Psych. HospMR/DD Facilities	0.0	Toilet Use		9.8		51.2	39.0	82
Rehabilitation Hospitals	0.0	Eating		22.0		57.3	20.7	82
Other Locations	4.3   * * * *	******	*****	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	117   Co	ontinence			용	Special Trea	tments	용
Percent Discharges To:	1	Indwelling Or	External Ca	theter	6.1	Receiving :	Respiratory Care	1.2
Private Home/No Home Health	2.7   0	occ/Freq. Inco	ontinent of	Bladder	62.2	Receiving '	Tracheostomy Care	0.0
Private Home/With Home Health	21.6   0	occ/Freq. Inco	ontinent of	Bowel	50.0	Receiving	Suctioning	0.0
Other Nursing Homes	7.2					Receiving	Ostomy Care	6.1
Acute Care Hospitals	12.6   Mc	bility				Receiving	Tube Feeding	3.7
Psych. HospMR/DD Facilities	0.0   E	Physically Res	strained		0.0	Receiving 1	Mechanically Altered Diets	45.1
Rehabilitation Hospitals	0.0							
Other Locations	9.0   Sk	kin Care				Other Reside:	nt Characteristics	
Deaths	46.8   7	With Pressure	Sores		2.4	Have Advan	ce Directives	100.0
Total Number of Discharges	V	With Rashes			0.0	Medications		
(Including Deaths)	111					Receiving	Psychoactive Drugs	19.5

\* Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

\* Ownership: Bed Size: Licensure: Proprietary 100-199 This Skilled All Facility Peer Group Peer Group Facilities Peer Group 용 Ratio % Ratio % Ratio % Ratio Occupancy Rate: Average Daily Census/Licensed Beds 75.5 81.9 0.92 88.6 0.85 84.2 0.90 85.1 0.89 Current Residents from In-County 85.4 0.71 85.3 0.71 61.0 83.1 0.73 76.6 0.80 Admissions from In-County, Still Residing 19.7 18.8 1.05 18.6 1.06 21.0 0.94 20.3 0.97 Admissions/Average Daily Census 142.7 182.0 0.78 203.0 0.70 153.9 0.93 133.4 1.07 Discharges/Average Daily Census 135.4 180.8 0.75 202.3 0.67 156.0 0.87 135.3 1.00 Discharges To Private Residence/Average Daily Census 32.9 69.3 56.3 0.48 76.5 0.43 0.58 56.6 0.58 Residents Receiving Skilled Care 93.9 93.0 1.01 93.5 1.00 91.6 1.02 86.3 1.09 Residents Aged 65 and Older 92.7 87.1 1.06 93.3 0.99 91.5 1.01 87.7 1.06 Title 19 (Medicaid) Funded Residents 69.5 66.2 1.05 57.0 1.22 60.8 1.14 67.5 1.03 Private Pay Funded Residents 17.1 13.9 1.23 24.7 0.69 23.4 0.73 21.0 0.81 Developmentally Disabled Residents 0.0 0.8 1.0 0.00 1.0 0.00 0.00 7.1 0.00 Mentally Ill Residents 50.0 30.2 1.66 28.5 1.75 32.8 1.53 33.3 1.50 General Medical Service Residents 9.8 23.4 0.42 28.9 0.34 23.3 0.42 20.5 0.48 Impaired ADL (Mean) 62.0 51.7 1.20 50.9 1.22 51.0 1.21 49.3 1.26 Psychological Problems 19.5 52.9 0.37 52.9 0.37 53.9 0.36 54.0 0.36 7.3 7.2 1.02 6.8 1.08 7.2 1.02 7.2 1.02 Nursing Care Required (Mean)